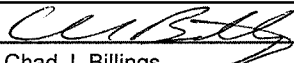


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|   |  |                                 |                        |
|---|--|---------------------------------|------------------------|
| <p><i>Effective on 12/08/2004.</i><br/><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <p><b>Complete if Known</b></p> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number              | 10/549,749-Conf. #7061 |
|   |  | Filing Date                     | September 21, 2005     |
|   |  | First Named Inventor            | Takahisa YAMAUCHI      |
|   |  | Examiner Name                   | R. Peaches             |
|   |  | Art Unit                        | 2617                   |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                            | 180.00                 |
|   |  | Attorney Docket No.             | 2611-0244PUS1          |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <u>Small Entity</u>                                     |                    | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>    | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>       | <u>Fees Paid (\$)</u> |
| Utility   | 330                 | 165   | 540                | 270                  | 220                              | 110                   | _____                 |
| Design  | 220                 | 110   | 100                | 50                   | 140                              | 70                    | _____                 |
| Plant   | 220                 | 110   | 330                | 165                  | 170                              | 85                    | _____                 |
| Reissue   | 330                 | 165   | 540                | 270                  | 650                              | 325                   | _____                 |
| Provisional   | 220                 | 110   | 0                  | 0                    | 0                                | 0                     | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <u>Small Entity</u>   |                       |
|   |                     |   |                    |                      |                                  | <u>Fee (\$)</u>       | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 52                    | 26                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 220                   | 110                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 390                   | 195                   |
| <u>Total Claims</u>   |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>    | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                       |                       |
| - 20 or HP  |                     | x   | =                  |                      | <u>Fee (\$)</u>                  |                       | <u>Fee Paid (\$)</u>  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                       |                       |
| <u>Indep. Claims</u>  |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>    | <u>Fee Paid (\$)</u> |                                  |                       |                       |
| - 3 or HP =   |                     | x   | =                  |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>    | <u>Fee Paid (\$)</u> |                                  |                       |                       |
| - 100 =   | /50 =               | (round up to a whole number) x                          | =                  |                      |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <u>Fees Paid (\$)</u> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement   |                     |   |                    |                      |                                  | 180.00                |                       |

|                     |   |                                   |                   |
|---------------------|---|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |   |                                   |                   |
| Signature           |  | Registration No. (Attorney/Agent) | 48,917            |
| Name (Print/Type)   | Chad J. Billings  | Telephone                         | (703) 205-8000    |
|                     |   | Date                              | November 23, 2009 |